A CROSS SECTIONAL SURVEY TO ASSESS THE LEVEL OF QUALITY OF LIFE ON AMONG ELDERLY IN OLD AGE HOME

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ABSTRACT

Worldwide, there were 703 million older people aged 65 or over in 2019. South-Eastern and Eastern Asia were houses to the largest number of the world's older population (260 million), followed by Europe and Northern America (over 200 million). By 2030, the number of people in 60 years or over ratio will be increased to 1 in 6. At this time, the share of the 60 years and over population will rise from 1 billion in 2020 to 1.4 billion.

Objective: Assessing the level of self-esteem among elderly and associate the demographic variables with the level of self-esteem. Methodology: This study was a cross sectional descriptive study design conducted among elderly in selected old age homes, Tamilnadu. The samples for the present study consisted of elderly residing in old age home and who fulfil the inclusion criteria. A total of 30 samples were selected by using purposive sampling technique. WHO quality of life Bref scale used collect the data by adapting the interview technique.

Results: The majority of the elderly had low quality of life (80.00%), and lowest percentage of them of had moderate quality of life (20.00%). There was significant association between pre-test level of Quality of Life and demographic variables such as educational status (χ^2 =8.839, p=0.012), religion (χ^2 = 7.089, p=0.018).

Conclusion: The study reveals that majority of the elderly had low quality of life. Thus, on the basis of findings the authors conclude to nurse led intervention may be advised for elderly residing old age home to improve the Quality of life.

Key Words: Quality of life, old age home, elderly, Chi-Square,

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INTRODUCTION

Aging is a result of cellular and molecular damage over a lifetime period. Apart from biological changes, aging is often related to other life transitions, such as relocation to more appropriate housing, retirement, and the death of friends and partners (WHO, 2021). As a result, the oldest old (80+ years) need all aspects of care, namely, socio-economic, financial, health and shelter. The abovementioned problems significantly impact the quality of life in old age and healthcare when needed. (Giri, 2011)

WHO states that quality of life is an individual's sense of their position in life in the ambiance of the culture and values systems in which they live and about their goals, expectations, standards, and concerns. (WHO, 2012) Older people perceive the quality of life in terms of family relationships, social contacts and activities, general health, and functional health status. Quality of life includes two related dimensions, life conditions and subjective wellbeing. Life conditions refer to functional capacity and economic conditions. Subjective wellbeing refers to the auto perception of satisfaction with life. (Seelan, 2017). Lack of support from family degrades the quality of life of the elderly. The elderly who experiences social isolation and loneliness are at a greater risk for morbidity, depression, and cognitive decline. (Areeckal, 2021).

Subjective quality of life can define as wellbeing, happiness, satisfaction, and on and on. Satisfaction with life means the sense of overall positive assessment by the individual concerned (Anastasia, 2003). Life satisfaction is how persons feel about their daily activities, responsibilities, the meaning of their life, the achievement of goals, having a positive ego, regarding them as valuable, and keeping an optimistic attitude (Kim, 1996).

OBJECTIVES

1. To assess the level of Quality of life on among elderly in old age home.
2. Find the association between demographic variables and level of Quality of life on among elderly in old age home.

HYPOTHESIS

1. There will be a significant association between level of Quality of life and selected demographic among elderly.

METHODOLOGY

This study was a cross sectional descriptive study design conducted among elderly in selected old age homes, Tamilnadu. The samples for the present study consisted of elderly residing in old age home and who fulfil the inclusion criteria. A total of 30 samples were selected by using purposive sampling technique. Before starting the data collection formal permission was taken from old age home managing authority for the data collection. After obtaining the permission the investigator met the subjects and establish the rapport with them and assessed the elderly quality of life using WHO Quality of life Bref scale and the method used collect the data was interview technique.

DESCRIPTION OF THE TOOL

Section A: Demographic Variables

This section consists of demographic variables which includes Age in years, gender, educational status, religion, previous occupation, last acquired salary, pensioner type of old age home, visit of family members to old age home, co-morbidities.

Section B: Rosenberg Self-esteem scale

Quality of Life of elderly will be assessed by WHOQOL-BREF scale; The WHOQOL-BREF (Field Trial Version) produces a quality-of-life profile. It is possible to derive four domain scores. There are also two items that are examined separately: question 1 asks about an individual's overall perception of quality of life and question 2 asks about an individual's overall perception of their health. 24 items constituted four dimensions of health including physical, psychological, social and environmental. Physical health domain was evaluated through seven indicators including pain, dependence on medical aids, energy, mobility, sleep and rest, activities of daily living, and work capacity measure. Psychological health was assessed with six items including positive feeling, personal belief, concentration, bodily image, self-esteem, and negative feeling. Regarding social relationship dimension, three items were completed that focused on personal relationships, social support, and sexual life. Environmental health with eight items deals with issues related to security, physical environment and financial support, accessibility of information, leisure activity, home environment, health, and transportation.

Content Validity and Reliability of the tool

The seven experts were asked to review the quality of scale and rate the items in terms of relevance, clarity, simplicity, and ambiguity in the content evaluation form. After obtaining feedback from all experts, the tool was gathered and analysed, and necessary modifications tool were done before collecting the data. The internal consistency showed the tool was reliable with r value of 0.91. Reliability was calculated using Cronbach alpha reliability formula.

RESULTS

Descriptive statistics and inferential statistics have computed the results by using SPSS software, version 24. The analyses of the data from the study are presented under the following headings:

Section A: Distribution of elderly based on demographic variables.

Section B: Description of level of Quality of life among elderly

Section C: Association of level of on Quality of life among elderly with selected demographic variables.

Section A: Distribution of elderly based on demographic variables.

Table 1: Sample Characteristics **N= 30**

Demographic Variables		**f**	**%**
Age in years	60 – 65 years	13	43.3
	66 - 70 years	8	26.7
	71 – 75 years	6	20.0
	Above 76 years	3	10.0
Gender	Male	22	73.3
	Female	8	26.7
Educational Status	Primary	6	20.0
	Secondary	9	30.0
	Higher secondary	12	40.0
	Graduate	3	10.0
Religion	Hindu	18	60.0
	Christian	8	26.7
	Muslim	4	13.3
Previous Occupation	Private employee	12	40.0
	Government employee	6	20.0
	Self-employment	4	13.3
	Home maker	8	26.7
Last acquired Salary	5000 – 10,000	8	26.7
	10.001 – 15,000	12	40.0
	15,001 – 20,000	4	13.3
	Above 20,001	6	20.0
Pensioner	Yes	6	20.0
	No	24	80.0
Type of old age Home	Private home	20	66.7
	NGO	10	33.3
Visit of family members to old age home	Daily	0	0.0
	Once a week	23	76.7
	Once a month	7	23.3
	Never	0	0.0
Co-morbidities	Hypertension	8	26.7
	Diabetes Mellitus	16	53.3
	Kidney failure	3	10.0
	Others	3	10.0

Table 1 depicts that the highest percentage of elderly were belongs to age group between 60-65 years (43.30%). The majority of elderly were male (73.30%). The highest percentage of elderly had higher secondary education (40.00%). The majority of elderly were belongs to Hindu religion (60.00%). The highest percentage of elderly was private employee (40.00%). The highest percentage of elderly had monthly income between Rs

10,000 – Rs 15,000 (40.00%). The majority of elderly were not pensioner (80.00%). The majority of elderly were residing in private old age home (66.70%). The majority of family members visiting the old age home once a week (76.70%). The highest percentage of elderly was having diabetes mellitus (53.30%).

Section B: Description of level of quality of life among elderly

Figure 1: Level of Quality of life among elderly

Figure 1 depicts that highest percentage of the elderly had low quality of life (80.00%), and lowest percentage of them of had moderate self-esteem (20.00%).

Table 2: Description of Mean, SD and Mean percentage of quality of life score among elderly. N=30

Quality of life	Max Score	Mean	SD	Mean %
	120	45.47	15.61	37.8

Table 2 portrays that out of the maximum attainable score (120) the overall mean ± SD among elderly was 45.47 ± 15.61 which was 37.8 % of total score.

Section C: Association of level of on Quality of life among elderly with selected demographic variables.

Table 3: Association between level of self-esteem and demographic variables among elderly. N=30

Demographic Variables		Total	Below Mean (23)	Above Mean (7)	Chi-square Test
Age in years	60 – 65 years	13	10	3	$\chi 2$= 0.329 P=0.954 Df= 3 Not Significant
	66 - 70 years	8	6	2	
	71 – 75 years	6	5	1	
	Above 76 years	3	2	1	
Gender	Male	22	17	5	$\chi 2$= 0.016 P=0.896 Df= 1 Not Significant
	Female	8	6	2	
Educational Status	Primary	6	2	4	$\chi 2$= 8.839 P=0. 0.012 Df= 3 Significant
	Secondary	9	8	1	
	Higher secondary	12	11	1	
	Graduate	3	2	1	
Religion	Hindu	18	13	5	$\chi 2$= 7.089 P=0.018 Df= 2 Significant
	Christian	8	7	1	
	Muslim	4	3	1	

Demographic Variables		Total	Below Mean (23)	Above Mean (7)	Chi-square Test
Previous Occupation	Private employee	12	8	4	$\chi 2$= 1.235 P=0.744 Df= 3 Not Significant
	Government employee	6	4	2	
	Self-employment	4	3	1	
	Home maker	8	7	1	
Last acquired Salary	5000 – 10,000	8	6	2	$\chi 2$= 0.186 P=0.979 Df= 3 Not Significant
	10.001 – 15,000	12	9	3	
	15,001 – 20,000	4	3	1	
	Above 20,001	6	5	1	
Pensioner	Yes	6	5	1	$\chi 2$= 0.186 P=0.665 Df= 1 Not Significant
	No	24	18	6	
Type of old age Home	Private home	20	15	5	$\chi 2$= 0.093 P=0.760 Df= 1 Not Significant
	NGO	10	8	2	
Visit of family members to old age home	Once a week	23	19	4	$\chi 2$= 0.089 P=0.479 Df= 1 Not Significant
	Once a month	7	4	3	
Co-morbidities	Hypertension	8	7	1	$\chi 2$= 0.723 P=0.369 Df= 3 Not Significant
	Diabetes Mellitus	16	12	4	
	Kidney failure	3	2	1	
	Others	3	2	1	

The data presented in Table 3 portrays that the association between pre-test level of quality of life among elderly and the demographic variables. Pearson Chi-square test was used to calculate the association. There was significant association between pre-test level of Quality of Life and demographic variables such as educational status (χ^2 =8.839, p=0.012), religion (χ^2 = 7.089, p=0.018). Hence null hypothesis (H_0) was rejected for educational status and religion and null hypothesis is accepted for other characteristics.

DISCUSSION

The highest percentage of elderly was belonging to the age group between 60-65 years (43.30%). The findings of Maldonado Briegas, et al. (2020), are comparable to the present study where 93% of them were under the age group of under 65 years. Lodha & Sousa (2019) on the effectiveness of reminiscence therapy in geriatric mental health care. Through the clinical review, the researcher concluded that reminiscence therapy has yielded positive geriatric mental health. A pre-experimental research study proposed by Ghodela et al., (2019) on the effectiveness of progressive muscle relaxation therapy (PMRT) on anxiety and depression among elderly people in old age homes. Among 50 elderly after the PMRT anxiety and depression significantly reduced at $p < 0.05$. Therefore, the researcher concluded that progressive muscle relaxation is effective in reducing the level of anxiety and depression among the elderly.

CONCLUSION

The present study was conducted to assess the quality of life among elderly residing selected old age homes of Tamilnadu. The study reveals that majority of the elderly had low quality of life. Thus, on the basis of findings the authors conclude to nurse led intervention may be advised for elderly residing old age home to improve the Quality of life.

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